



Personal Data Inventory

Discipleship Counseling Ministries ♦ 970-330-1340 ♦ 6400 W. 20th St., Greeley, CO 80634 ♦ office@gracegreeley.org

Please complete this inventory carefully.

Today's date: \_\_\_/\_\_\_/\_\_\_

Personal Information

Mr. Mrs. Miss Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Alt. phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Referred by \_\_\_\_\_

Marital status: Single Dating Engaged Married Separated Divorced Widowed

Education (last year or degree completed) \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Years \_\_\_\_\_

In case of an emergency, please contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_
Name, Relationship Phone number

Marital and Family Information

If you are unmarried, briefly describe how you think about your unmarried status/condition: \_\_\_\_\_

If you are married, briefly describe how you think about your married status/condition: \_\_\_\_\_

Spouse \_\_\_\_\_ Birth city/state \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Alt. phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Years \_\_\_\_\_

Date of marriage \_\_\_/\_\_\_/\_\_\_ Length of dating \_\_\_\_\_ Length of engagement \_\_\_\_\_

Give a brief statement of circumstances of meeting and dating. \_\_\_\_\_

Did you receive premarital counseling? If so, by whom, how many sessions, and what material did you use? \_\_\_\_\_

Have either of you been previously married? \_\_\_\_\_ Who? \_\_\_\_\_

Have you ever been separated? \_\_\_\_\_ Filed for divorce? \_\_\_\_\_ If so, please explain the circumstances: \_\_\_\_\_

**GRACE**



**CHURCH**

Have either of you, or are either of you now, considering divorce? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If married, is your spouse willing to come for counseling? \_\_\_\_\_

Is he/she in favor of your coming? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you have children, please provide the following information:

Name	Age	Gender	Education (last year/degree)	Step-child?
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Describe your current relationship with your children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with your father: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with your mother: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of siblings: \_\_\_\_\_ Your sibling order: \_\_\_\_\_

Describe any relational problems you have with your siblings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

During your upbringing, did you live with anyone other than your parents? \_\_\_\_\_ If so, with whom and what was your relationship to them? \_\_\_\_\_

Do you currently live with your parents? \_\_\_\_\_

Are your parents living? \_\_\_\_\_ Where do they live? \_\_\_\_\_

Are/were your parents divorced? \_\_\_\_\_ If so, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you feel safe at home? \_\_\_\_\_ If not, why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Legal Information**

Have you ever been arrested? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been the subject or complainant in a protection/restraining order? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are you currently a party in any civil or criminal proceedings? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

**Health Information**

Describe your health: \_\_\_\_\_

Do you have any chronic conditions? \_\_\_\_\_ Please explain: \_\_\_\_\_

List important illnesses, injuries, and/or disabilities: \_\_\_\_\_

Physician's name and address: \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_ What was the result? \_\_\_\_\_

Women only: Please explain any significant symptoms related to your menstrual cycle: \_\_\_\_\_

Current medication(s) and dosage: \_\_\_\_\_

Have you ever used drugs for other than medical purposes? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ How much and how frequently? \_\_\_\_\_

Do you drink coffee? \_\_\_\_\_ How much and how frequently? \_\_\_\_\_

Other caffeinated drinks? \_\_\_\_\_ How much and how frequently? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ What and how frequently? \_\_\_\_\_

Describe your normal diet: \_\_\_\_\_

How many hours of sleep do you normally get per night? \_\_\_\_\_ What time do you go to bed \_\_\_\_\_ and wake up each day \_\_\_\_\_ ? Do you have trouble sleeping? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Please describe the type and frequency of your exercise: \_\_\_\_\_

Have you ever seen a psychiatrist or counselor? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_



Are you willing to sign a release of information form to allow your counselor to access your records (i.e., social, psychiatric, medical)? \_\_\_\_\_ If not, what concerns do you have about signing a release? \_\_\_\_\_

**Spiritual Information**

Your religious/denominational identity: current \_\_\_\_\_ former \_\_\_\_\_?

Your spouse's religious/denominational identity: current \_\_\_\_\_ former \_\_\_\_\_?

Do you believe in God? \_\_\_\_\_ Would you say you are a Christian, or in the process of becoming a Christian? \_\_\_\_\_ Have you been baptized? \_\_\_\_\_

Would you describe yourself as being "born again"? \_\_\_\_\_ If not, how do you describe yourself? \_\_\_\_\_

Are you a "sinner"? \_\_\_\_\_ How do you define "sin"? \_\_\_\_\_

What authority(ies) do you answer to for your thoughts and decisions? \_\_\_\_\_

Can God declare you, a "sinner," to be righteous and still remain just? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_ If not, what hope do you have of entering heaven when you die? \_\_\_\_\_

\_\_\_\_\_ If you don't understand, please indicate by checking here: \_\_\_\_\_

How often do you read the Bible?  Never  Occasionally  Monthly  Weekly  Daily

How often do you pray?  Never  Occasionally  Monthly  Weekly  Daily

How often do you attend church?  Never  Occasionally  Monthly  Weekly  More

What church do you attend? \_\_\_\_\_ Member? \_\_\_\_\_ For how long? \_\_\_\_\_

Describe your involvement within the church: \_\_\_\_\_

Explain any recent changes in your spiritual life \_\_\_\_\_

Describe how you lead or influence your family spiritually in the home? \_\_\_\_\_



**Lifestyle Information**

How many minutes/hours per day do you watch sports and/or entertainment on a screen (e.g., television, computer, smartphone)? \_\_\_\_\_

How many minutes/hours per day do you play games? \_\_\_\_\_

How many minutes/hours per day do you spend online (e.g., surfing the web, reading news or blog sites, social media sites)? \_\_\_\_\_

Do you use a budget to keep track of your finances? \_\_\_\_\_ Are you in any debt? \_\_\_\_\_ If so, how much do you owe and to whom? \_\_\_\_\_

What kind of work do you do? \_\_\_\_\_ How many hours per week do you work? \_\_\_\_\_

Describe the type and frequency of your weekly rest: \_\_\_\_\_

Have you ever had interpersonal problems on the job? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever had a severe emotional upset? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

How would you describe your personality/disposition? \_\_\_\_\_

Other than the Bible, what kinds of books do you read? \_\_\_\_\_

On an average, how many pages do you read per day (or per week)? \_\_\_\_\_

What kind of music do you listen to the most? \_\_\_\_\_

**Problem Checklist**

Using a 1-10 scale (10 = most severe), place a number in the box next to each category that applies to you.

	Abuse		Entertainment		Perfectionism
	Adultery		Fear		Pessimism
	Alcohol use/abuse		Finances		Pornography
	Allergy(ies)		Games/Gaming		Procrastination
	Anger		Gluttony		Purpose(lessness)
	Anxiety		Gossip		Rebellion
	Apathy		Guilt		Respect
	Appetite		Hatred		Rudeness



Authority	Health	Security (physical)
Bitterness	Homosexuality	Security (spiritual)
Changes (life, lifestyle)	Hopelessness	Self-centeredness
Children	Identity (gender, sexual)	Self-control
Communication	Impatience	Self-discipline
Co-workers	Impotence	Self-harm
Conflicts (arguments, fights)	In-laws	Self-image
Controlling	Insecurity	Sex
Criticism	Jealousy	Singleness
Deception	Loneliness	Sleep
Decision making	Loss	Spousal abuse
Depression	Lust	Stress
Despair	Lying	Substance use/abuse
Direction	Marriage	Suicide (actual, potential)
Disrespect	Medical issue(s)	Time (use, abuse)
Divorce (actual, potential)	Memory	Vengefulness
Driving anxiety/road rage	Moodiness	Vice(s)
Doubt(s)	Paranoia	Widowhood
Drunkenness	Parenting	Work
Eating (difficulty, disorder)	Parents	Worry
Envy	Patience	Other: _____

**Please answer the following questions:**

1. What problem(s) are you having (what brings you here)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Give a real-life example of this concern, being as specific and concrete as possible. Explain what led up to the event, what happened, where it happened, what was said, how you (and others) reacted, and what happened afterward. \_\_\_\_\_

\_\_\_\_\_



---

---

3. When did this problem start, and why do you think it started? \_\_\_\_\_

---

---

4. What have you done about this problem? \_\_\_\_\_

---

---

5. What are your expectations from counseling? \_\_\_\_\_

---

---

6. Please complete the following sentence. "Life would be great, and I would be happy if ..." \_\_\_\_\_

---

---

7. Please complete the following sentence. "More than anything, I really need ..." \_\_\_\_\_

---

---

8. If this form has not allowed for the most transparent picture of you or the nature of your concern, please provide whatever additional explanation is necessary to give the fullest picture possible. \_\_\_\_\_

---

---

---

---

---

---

---

---